

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F96000001456 (0)
 1. Corporation Name
INVERSIONES CIFUENTES C.A.



| | |
|--|--|
| Principal Place of Business % VICIANA & SHAFER. P.A. 2800 DOUGLAS RD. PH 8 CORAL GABLES FL 33134 | Mailing Address % VICIANA & SHAFER. P.A. 2800 DOUGLAS RD. PH 8 CORAL GABLES FL 33134 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 #206 LAGUNA ST. | 2a. Mailing Address 26 #206 LAGUNA ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State 23 CORAL GABLES, FL. | City & State 28 CORAL GABLES, FL. |
| Zip 24 33146 | Country |
| Country | Zip 29 33146 |
| Country | Country |

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/21/1996 | |
| 4. FEI Number 52-1858479 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**VICIANA, ENRIQUE
 2800 DOUGLAS RD, PH 8
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

| | |
|---|-----------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 4206 LAGUNA ST. | |
| 83 | |
| 84 City CORAL GABLES FL | 85 Zip Code 33146 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---------------------------------|
| TITLE | MD | <input type="checkbox"/> DELETE |
| NAME | CIFUENTES, ADRIANO | |
| STREET ADDRESS | ESQUINA PUNTE VICTORIA EDIFICIO VILLASMIL | |
| CITY-ST-ZIP | CARACAS VENEZUELA | |
| TITLE | MD | <input type="checkbox"/> DELETE |
| NAME | DE CIFUENTES, SOLEDAD R | |
| STREET ADDRESS | ESQUINA PUNTE VICTORIA EDIFICIO VILLASMIL | |
| CITY-ST-ZIP | CARACAS VENEZUELA | |
| TITLE | MD | <input type="checkbox"/> DELETE |
| NAME | CIFUENTES, MARIBEL | |
| STREET ADDRESS | ESQUINA PUNTE VICTORIA EDIFICIO VILLASMIL | |
| CITY-ST-ZIP | CARACAS VENEZUELA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Viciana* 1/30/98 (305) 446-0969

CR2E034 (10/97)